

# AFFIDAVIT FOR REMOVAL OF NAME

Commonwealth of Kentucky  
Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
Phone (502) 564-4850  
Fax (502) 564-1442

STATE OF KENTUCKY

COUNTY OF \_\_\_\_\_

The affiant, \_\_\_\_\_, Social Security Number \_\_\_\_\_

being first duly sworn, deposes and says:

That ☐ he or ☐ she is over the age of twenty-one and resides at \_\_\_\_\_  
\_\_\_\_\_, in the City of \_\_\_\_\_, the State  
of \_\_\_\_\_, being in the County of \_\_\_\_\_.

That ☐ he or ☐ she owns an interest in the alcoholic beverage control license(s) privilege(s) (retail liquor drink  
license #) \_\_\_\_\_;  
(retail liquor by the package license #) \_\_\_\_\_;  
(retail beer license #) \_\_\_\_\_  
located at \_\_\_\_\_  
in the City of \_\_\_\_\_, Kentucky in the County of \_\_\_\_\_.

The Affiant further states that ☐ he or ☐ she wishes to drop their name off the license(s), hereby  
relinquishing all rights and interest in said alcoholic beverage license privilege.

X \_\_\_\_\_  
Signature of Affiant

I, the undersigned, a Notary Public in and for the State and County aforesaid, do hereby certify that  
\_\_\_\_\_ personally appeared before me and acknowledged the above to be their free act and deed.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_  
Notary Public

State of \_\_\_\_\_ at Large ☐ County of \_\_\_\_\_ at Large ☐

My Commission Expires: \_\_\_\_\_.